

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED INTEREST AND DIVIDENDS TAX
QUARTERLY PAYMENT FORMSTO MAKE YOUR ESTIMATE PAYMENT ON-LINE LOG ON TO WWW.STATE.NH.US/REVENUE

2004 TAXPAYER'S WORKSHEET – KEEP FOR YOUR RECORDS

- 1 All interest and dividend income taxable by the State..... 1 _____
- 2 Less Exemption – check the exemptions that apply:
- 2(a) ☐ Yourself ☐ Spouse ☐ Partnership ☐ Fiduciary Total number of boxes checked _____ x \$2400 =2(a) _____
- 2(b) ☐ 65 (or over) or disabled ☐ Blind Total number of boxes checked _____ x \$1200 =2(b) _____
- ☐ Spouse 65 (or over) or disabled ☐ Spouse Blind
- 2 (c) Total exemptions [Line 2(a) plus 2(b)]..... 2(c) _____
- 3 New Hampshire Taxable Income [Line 1 minus Line 2(c)]..... 3 _____
- 4 New Hampshire Interest & Dividends Tax (Line 3 multiplied by 5%)..... 4 _____
- 5 2003 OVERPAYMENT applied to 2004 taxes..... 5 _____
(If the overpayment exceeds the first 1/4 installment, the overage will be applied to the next installment and so on)
- 6 BALANCE OF ESTIMATED INTEREST & DIVIDENDS TAX (Line 4 minus Line 5).....6 _____

If Line 4 is less than \$500 see instructions paragraph No. 1.

COMPUTATION and RECORD of PAYMENTS

Date Paid	Amount of each Installment (1/4 of Line 4 of worksheet)	2003 Overpayment Applied to Installment	Balance Due	CALENDAR YEAR DUE DATES
1.	\$	\$	\$	April 15, 2004
2.	\$	\$	\$	June 15, 2004
3.	\$	\$	\$	Sept. 15, 2004
4.	\$	\$	\$	Jan. 18, 2005

IMPORTANT:

PLEASE PUT THE NAMES AND SOCIAL SECURITY NUMBERS ON THE ESTIMATE FORM IN THE SAME SEQUENCE AS THOSE TO BE USED ON THE RETURN.

THE PENALTY PROVISIONS OF RSA 21-J:32 WILL APPLY IF THE ESTIMATE REQUIREMENTS HAVE NOT BEEN MET.

(Cut along this line and keep the estimated tax worksheet above for your records)

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED INTEREST AND DIVIDENDS TAX - 2004For CALENDAR YEAR 2004 or other taxable period beginning _____ ending _____
Mo Day Year Mo Day YearCHECK ONE: ☐ ① INDIVIDUAL/JOINT ☒ ③ PARTNERSHIP ☒ ④ FIDUCIARY

FOR DRA USE ONLY

Payment Form 1 Calendar Year Due April 15, 2004 FOR DRA USE ONLY	PLEASE PRINT OR TYPE			
	LAST NAME		FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME		FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)	
	NUMBER & STREET ADDRESS			
ADDRESS (Continued)				Amount of This Payment \$ _____
CITY/TOWN, STATE & ZIP CODE				
<input type="checkbox"/> CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.				
MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 2072 CONCORD NH 03302-2072		Make check payable to: STATE OF NEW HAMPSHIRE Enclose, but do not staple or tape, your payment with this estimate. Do not file a \$0 estimate.		

FORM
DP-10-ESNEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED INTEREST AND DIVIDENDS TAX - 2004042
For CALENDAR YEAR **2004** or other taxable period beginning _____ ending _____
Mo Day Year Mo Day YearCHECK ONE: ☐ ① INDIVIDUAL/JOINT ☒ ③ PARTNERSHIP ☐ ④ FIDUCIARY

FOR DRA USE ONLY

Payment Form 2 Calendar Year Due June 15, 2004 FOR DRA USE ONLY	PLEASE PRINT OR TYPE		
	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
	NUMBER & STREET ADDRESS		Amount of This Payment \$ <input type="text"/>
	ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE			
<input type="checkbox"/> CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.			
MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 2072 CONCORD NH 03302-2072			

(Cut along this line)

Make check payable to: **STATE OF NEW HAMPSHIRE**
Enclose, but do not staple or tape, your
payment with this estimate. Do not file a \$0
estimate.DP-10-ES
Rev. 10/03FORM
DP-10-ESNEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED INTEREST AND DIVIDENDS TAX - 2004042
For CALENDAR YEAR **2004** or other taxable period beginning _____ ending _____
Mo Day Year Mo Day YearCHECK ONE: ☐ ① INDIVIDUAL/JOINT ☒ ③ PARTNERSHIP ☐ ④ FIDUCIARY

FOR DRA USE ONLY

Payment Form 3 Calendar Year Due Sept. 15, 2004 FOR DRA USE ONLY	PLEASE PRINT OR TYPE		
	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
	NUMBER & STREET ADDRESS		Amount of This Payment \$ <input type="text"/>
	ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE			
<input type="checkbox"/> CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.			
MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 2072 CONCORD NH 03302-2072			

(Cut along this line)

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DP-10-ESNEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
ESTIMATED INTEREST AND DIVIDENDS TAX - 2004042
For CALENDAR YEAR **2004** or other taxable period beginning _____ ending _____
Mo Day Year Mo Day YearCHECK ONE: ☐ ① INDIVIDUAL/JOINT ☒ ③ PARTNERSHIP ☐ ④ FIDUCIARY

FOR DRA USE ONLY

Payment Form 4 Calendar Year Due Jan. 18, 2005 FOR DRA USE ONLY	PLEASE PRINT OR TYPE		
	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSE'S LAST NAME	FIRST NAME & INITIAL	SPOUSE'S SOCIAL SECURITY NUMBER
	NAME OF PARTNERSHIP OR FIDUCIARY		FEDERAL EMPLOYER IDENTIFICATION NUMBER (PARTNERSHIP OR FIDUCIARY)
	NUMBER & STREET ADDRESS		Amount of This Payment \$ <input type="text"/>
	ADDRESS (Continued)		
CITY/TOWN, STATE & ZIP CODE			
<input type="checkbox"/> CHECK IF ADDRESS IS DIFFERENT FROM PRIOR RETURN.			
MAIL TO: NH DEPT OF REVENUE ADMINISTRATION DOCUMENT PROCESSING DIVISION PO BOX 2072 CONCORD NH 03302-2072			

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